



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** 14014SO1707

**Work Order Type:** Weatherization

**Audit Name:** 14014SO1707

## CLIENT INFORMATION

**Client Name:**

**Address:**

**Client ID:** 14014SO1707

SHELBYVILLE, TN 37160

**Alt. Client ID:** BEDFORD

## AGENCY INFORMATION

**Agency:** SOUTH CENTRAL HUMAN RESOURCE AGENCY

**Agency Phone:** (931) 433-7182

**Address:** 1437 WINCHESTER HIGHWAY  
FAYETTEVILLE, TN 37334-2001

**Fax:** (931) 438-0074

**Email Address:** e.satterfield@schra.us

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

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**Client Name:**

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**Report Run On:** 5/21/2010

**DOE Weatherization Assistant**

**Version 8.5.0**

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## Measures

### Measure 1 Infiltration Redctn

### Components

Inspected

- Comment** 1. REDUCE INFILTRATION BY 535 CFM'S  
2. REPLACE FRONT DOOR - COMING APART AT BOTTOM, FRAME CRACKED AND LOOSE  
3. W/S AND D/S SIDE DOOR  
4. INSTALL 2 LATCHES AND W/S ACCESS / 6" BLUE BOARD  
5. INSTALL CRAWLSPACE ACCESS DOOR

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Supplies	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	LABOR	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

### Measure 2 DWH Pipe Insulation

### Components

Inspected

**Comment**

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

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<b>Measure 3 DWH Tank Insulation</b>				<b>Components</b>				<b>Inspected</b>	
<b>Comment</b>									
				<b>Estimated</b>		<b>Actual</b>			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1					
2	Labor	DHW Tank Insulation	Each	1					
<b>Other Detail</b>									
<b>Measure Sub Total:</b>							<b>Sub Total:</b>		
<b>Field Notes:</b>									

<b>Measure 4 Floor Ins. R-19</b>				<b>Components</b>				<b>Inspected</b>	
<b>Comment</b>									
				<b>Estimated</b>		<b>Actual</b>			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	810					
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	810					
<b>Other Detail</b>									
<b>Measure Sub Total:</b>							<b>Sub Total:</b>		
<b>Field Notes:</b>									

**Measure 5 Attic Ins. R-19****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-19	SqFt	810	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	LABOR	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 6 Fix Improper Venting (Clothes Dryer)****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Metal Flex	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:**

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<b>Measure 7 PressureRelief Piping Needed</b>				<b>Components</b>				<b>Inspected</b>	
<b>Comment</b>									
				<b>Estimated</b>		<b>Actual</b>			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Pressure relief piping	Each	1					
2	Labor	Labor	Hour	1					
<b>Other Detail</b>									
<b>Measure Sub Total:</b>							<b>Sub Total:</b>		
<b>Field Notes:</b>									

<b>Measure 8 Smoke Detector is Needed</b>				<b>Components</b>				<b>Inspected</b>	
<b>Comment</b>									
				<b>Estimated</b>		<b>Actual</b>			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke / Carbon detector	Each	1					
2	Labor	Labor	Hour	1					
<b>Other Detail</b>									
<b>Measure Sub Total:</b>							<b>Sub Total:</b>		
<b>Field Notes:</b>									

**Measure 9 Vapor Barrier Needed  
(Basement/Crawlspace)****Components****Inspected****Comment**

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Basement / crawlspace vapor barrier	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:** **Sub Total:** **Field Notes:****Work Order Grand Total:** **Grand Total:** 

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